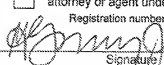


|   |            |   |           |
|---|------------|---|-----------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br/>FY 2008</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>   |            | Docket Number (Optional)<br>1422-0635PUS1 |           |
| Application Number<br>10/501,507-Conf. #8270  |            | Filed<br>July 15, 2004                    |           |
| For <b>PROCESS FOR PRODUCING WATER-ABSORBING RESIN</b>  |            |   |           |
| Art Unit<br>1713  |            | Examiner<br>M. Bernshteyn                 |           |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |            |   |           |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |            |   |           |
|   | <b>Fee</b> | <b>Small Entity Fee</b>                   |           |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$120      | \$50                                      | \$ 120.00 |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$460      | \$230                                     | \$ _____  |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1050     | \$525                                     | \$ _____  |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1640     | \$820                                     | \$ _____  |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2230     | \$1115                                    | \$ _____  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |            |   |           |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |            |   |           |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |            |   |           |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.   |            |   |           |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>02-2448</u> . I have enclosed a duplicate copy of this sheet. |            |   |           |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>   |            |   |           |
| I am the <input type="checkbox"/> applicant/inventor.   |            |   |           |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.  |            |   |           |
| Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/99).   |            |   |           |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>28,977</u>  |            |   |           |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.   |            |   |           |
| Registration number if acting under 37 CFR 1.34 _____   |            |   |           |
| <br>_____<br>Signature   |            | FEB 4 2008<br>Date                        |           |
| Gerald M. Mughny, Jr.<br>Typed or printed name  |            | (703) 205-8000<br>Telephone Number        |           |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.                                 |            |   |           |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted.   |            |   |           |